



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

August 1, 2012

Mr. Francis Nolan, Administrator  
Michaud Memorial Manor  
47 Herrick Road  
Derby Line, VT 05830

Provider #: 0143

Dear Mr. Nolan:

Enclosed is a copy of your acceptable plans of correction for the re-licensure survey conducted on **June 6, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN, MS  
Licensing Chief

PC:ne

Enclosure



## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/06/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>MICHAUD MEMORIAL MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 HERRICK ROAD DERBY LINE, VT 05830</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection from 6/5/12 - 6/6/12. The following regulatory deficiencies were identified.	R100	<b>PLAN OF CORRECTION:</b> <b>PLEASE SEE ACCOMPANYING</b> <b>DOCUMENT</b>	
R161 SS=D	<b>V. RESIDENT CARE AND HOME SERVICES</b>  <b>5.10 Medication Management</b>  <b>5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.</b>  <b>This REQUIREMENT is not met as evidenced by:</b> <b>Based on observation and staff interviews, the home failed to ensure that all medications were handled according to the home's policy and professional standards. Findings include:</b>  <b>Per observation on 6/5/12 at 4:45 PM, the staff person administering medications failed to properly dispose of a topical narcotic pain-relief patch. Resident #1 has an order for Fentanyl 100 microgram transdermal patch, replace every 48 hours; which was due to be replaced with a new one at 5 PM on 6/5/12. The staff person administering the medications was certified by the RN as fully trained. Per observation, the staff person removed the used patch from the resident's arm, folded it up and threw it in the wastebasket near the resident's chair. Per interview at the time of the observation, the staff person confirmed that they had thrown the used patch into the resident's trash can, and that other staff members also disposed of the patches this</b>	R161		<b>5.10.b PLEASE DOCUMENT</b> <b>PAGE 1</b>

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

JDOY11

TITLE

ADMINISTRATOR

(X6) DATE

7.16.12

If continuation sheet 1 of 5

PML

Division of Licensing and Protection

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R161	Continued From page 1  way. Per interview on 6/5/12 at 6:15 PM, the registered nurse in charge of training unlicensed staff confirmed that the written protocol for the proper disposal of the narcotic pain patches was to put them in a container supplied by the local hospital especially for that purpose, and that staff needed to be re-educated in proper disposal.	R161		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure there were clear indications for use for PRN (as needed) anti-psychotic medications for 2 of 6 residents sampled. (Residents #1, #2). Findings include:  1. Per record review on 6/5 - 6/6/12, Resident #1 has an order for Diazepam 5 mg. scheduled doses three times daily and an order for a PRN	R167		

5.10.d PLEASE SEE DOCUMENT  
#1 PAGE 1

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R167	Continued From page 2  (as needed) 5 mg. dose also. There were no clear indications for use listed for the PRN dose of Diazepam, including how close to the scheduled doses it could be given, behaviors that would indicate a need for the PRN dose, and no care planning to clarify the use of the PRN benzodiazepine medication. Per interview on 6/5/12 at 6:20 PM, the registered nurse confirmed that the indications for use were not clearly written for staff for the administration of the PRN dose of Diazepam.  2. Per record review on 6/5 and 6/6/12, Resident #2 has an order for a benzodiazepine: "Lorazepam 1 mg. by mouth every 8 hours as needed". There is no indication for staff as to when to administer this medication, including what behaviors exhibited by the resident that would indicate the need for the medication, or non-pharmacological interventions to attempt before resorting to administering the benzodiazepine medication. The plan of care contained diagnoses and monitoring for side effects of psychoactive medications, however no plan regarding the behaviors associated with the need for the PRN (as needed) Lorazepam. Per interview on 6/5/12 at 6:10 PM, the registered nurse confirmed that there were no clear indications for use in the care plan or elsewhere that would guide the staff in deciding to administer the PRN Lorazepam.	R167		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before	R179		

5.10.d PLEASE SEE DOCUMENT  
#2 PAGE 1

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R179	<p>Continued From page 3</p> <p>providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that staff followed infection control practices during medication administration. Findings include:</p> <p>1. Per observation of medication administration on 6/5/12 at 4:45 PM, Resident #5 was observed being glucose tested by fingerstick, and then administered the correlating amount of insulin based on a sliding scale. The medication tech staff person wore gloves to complete the fingerstick, however did not wear gloves to administer the insulin injection that followed. Per interview with the med tech at the time of the injection, it was confirmed that gloves were not worn to administer the injection. Per interview on 6/5/12 at 6:15 PM, the registered nurse confirmed</p>	R179		

5.11.6 PLEASE SEE DOCUMENT  
#1 PAGE 2

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R179	Continued From page 4  that staff were trained to wear gloves when administering insulin injections, and that the med tech had not followed infection control procedures per the home's medication administration policies and training received from the nurse.	R179		

JUL 18 12

Licensing and  
Protection

**Michaud Memorial Manor**  
**47 Herrick Road**  
**Derby Line, VT 05830**  
**802-873-3152**

Plan of Correction for Survey completed on 06/06/12

R161 5.10.b

1. An inservice and re-training with all current staff in the required, proper disposal of all used Fentanyl patches according to professional standards, and Michaud Memorial Manor's medication disposal policy was completed on 7/6/12
2. Each used Fentanyl patch will be disposed of following the administration of a new patch.
3. Each patch will be folded or cut, and placed in the hazards container (supplied by local hospital for this purpose). The patch must also be destroyed in front of a witness with a notation on the individual narcotic inventory sheet and double signed by both the person disposing the medicine and the witness.
4. The persons allowed to dispose medication and, in this case two people being needed for a controlled substance disposal, one or both must be of the following job description: RN, LPN, and Charge Aide/Med Tech.
5. Periodic monitoring/observations will be done by the Director of Nursing, deficiencies noted and retraining will be completed as necessary.
6. Training of this protocol will be given to each newly hired staff. Current staff will be re-trained annually.

*R161 POC accepted 8/1/12 Pmcotaren*

R167 5.10.d

Number 1

1. Clear indications will be written and re-training conducted by 8/30/12 in the use of psychoactive PRN's, specifically how close to the scheduled doses (same medication) can it be given. Also, there will be a clear indication of what behaviors would indicate the need for a PRN.
2. Periodic monitoring/observations will be done by the Director of Nursing, deficiencies noted and retraining will be completed as necessary.
3. Training of this protocol will be given to each newly hired nursing staff. Current nursing staff will be re-trained annually.

Number 2

1. In the re-training of staff, to be completed by 8/30/12, there will be included in a plan of care, a guide for the staff that will provide behaviors associated with the need to administer a psychoactive PRN.
2. Periodic monitoring/observations will be done by the Director of Nursing, deficiencies noted and retraining will be completed as necessary.
3. Training of this protocol will be given to each newly hired staff. Current staff will be re-trained annually.

*R167 POC accepted 8/1/12 Pmcotaren*

R179 5.11.b

1. Completed June 18, 2012, all staff was re-trained in the requirement that gloves will be worn when administering finger sticks and insulin injections.
2. Periodic monitoring/observations will be done by the Director of Nursing, deficiencies noted and retraining will be completed as necessary.
3. Training of this protocol will be given to each newly hired staff. Current staff will be re-trained annually.

Signed: \_\_\_\_\_

Administrator

Date: \_\_\_\_\_

7.16.12